

## **South Dakota Board of Nursing**

South Dakota Department of Health 4305 S. Louise Avenue Sulte 201; Sloux Falls, SD 57106-3115 (605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel Application for *Re-Approval* of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to <u>ARSD 20:48:04.01:14</u>. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing: 4305 S. Louise Ave. Sulte 201: Sloux Falls, South Dakota 57106-3115

lame of Institution: (community	Health ar	nd Developa	unt dba (	'astle	Man	Or	_
ame of Primary Instructor: O (V)	BALIKK	,					
	reat Hot	-Springs	ST ETT	47			-
uless. 20110 10/ 111	- LIO1	- cor 11 322	<u> </u>	7 1			_
(>C>1)C7([A			/ 1		1//		-
none Number: <u>6057453460</u>			r: <u>685</u> 74	<u>ئک ک</u>	<u> 166</u>		_
-mall Address of Faculty: <u>hkofflex (</u>	a fallrive	or health so	MOES COM				
			····	-			
Request re-approval using the follow	ving approved c	urriculum(s): <i>(Ea</i>	ich program is expect	ed to retain	progran	ח	
records using the Enrolled Student Log I					,		
☐ 2011 SD Community Mental Health F					cial Servic	ces)	
☐ Gauwitz Textbook - Administering M	edications: Pharm	nacology for Health	<u>Careers</u> , Gauwitz (2			-	
☐ Mosby's Texbook for Medication Assi		2009 & Remmert (2009	9)				
Nebraska Health Care Association (2)	010) (NHCA)						
☐ We Care Online							
						_	
List faculty and licensure information					of minii	тит 2 ув	:ars
clinical RN experience, and 2) attach a i	new Cumculum A	pplication Form ide	entifying areas of tead	ning.			
TOTAL TO A SOUR TWO TO A SOUTH THE SEE			RNAICENSE		g J. (42), y 1. (9	inde in the	1
RN FACULTY/INSTRUCTOR NAME(S)	State	Number	Expiration Date	Verificati	on ⊱ 🕆	yang dan karana. Sang dan karana	3
<u> </u>				(Complete	ed his SOL	(/AC)	-
			( ( ( ) ( ) ( ) ( ) ( )				4
Drya Bowk	<u>&amp;D</u>	RU22099	6/9/2013	Vill KOAL (S	Lu-	viewa Nejbija e razer Postaja je je je je	<u> </u>
Drya Bourk Aeidi Koffler	8D 8D	R022099 R032444	6/9/2013 10/23/2012	Vill KOAL (S		viewa Nejbija e razer Postaja je je je je	
	8D 8D			Vill KOAL (S	Lu-	viewa Nejbija e razer Postaja je je je je	6 I - I - I
	8D			Vill KOAL (S	Lu-	viewa Nejbija e razer Postaja je je je je	
Aeidi Koffler		R032444	10/23/2012.		Lu-	viewa Nejbija e razer Postaja je je je je	
Apidi Knffler  Complete evaluation of the curriculum /		R032444	10/23/2012.		Lec of Lec	viewa Nejbija e razer Postaja je je je je	<u> </u>
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program	program: (Explain had a high school	In Wo'responses on a	/0/23/2012.  a separate sheet of paper quivalent.		Lu-		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program  2. Your program was no less than 16 class	program: (Explain had a high school	In Wo'responses on a	/0/23/2012.  a separate sheet of paper quivalent.		Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program 2. Your program was no less than 16 cla of 20 hours.	program: (Explain had a high schoolssroom hours an	In Wo'responses on old ploma or the edd 4 hours clinical/li	10/23/2012 a separate sheet of pape quivalent. aboratory instruction		Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program 2. Your program was no less than 16 cla of 20 hours.  3. Your program's faculty to student rational end of 20 hours.	program: (Explain had a high schoolssroom hours and o did not exceed	In Wo'responses on old ploma or the edd 4 hours clinical/list.	10/23/2017.  a separate sheet of paper quivalent. aboratory instruction lab setting	er.)	Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program 2. Your program was no less than 16 cla of 20 hours.  3. Your program's faculty to student rati 4. Your program's faculty to student rati	program: (Explain had a high schoolssroom hours and o did not exceed	In Wo'responses on old ploma or the edd 4 hours clinical/list.	10/23/2017.  a separate sheet of paper quivalent. aboratory instruction lab setting	er.)	Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program 2. Your program was no less than 16 cla of 20 hours.  3. Your program's faculty to student rati validation.	program: (Explain had a high schoolssroom hours and o did not exceed o did not exceed	In Wo'responses on a coldiploma or the edd 4 hours clinical/list in the clinical / 1:1 in skill perform	a separate sheet of paper quivalent. aboratory instruction lab setting hance evaluation /con	er.)	Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program 2. Your program was no less than 16 cla of 20 hours. 3. Your program's faculty to student rati 4. Your program's faculty to student rati validation. 5. Each student's performance was docu	program: (Explain had a high school had a high school hours and o did not exceed o did not exceed umented using the	In Wo'responses on a coldiploma or the edd 4 hours clinical/li  1:8 in the clinical / i  1:1 in skill performed the special skills of the clinical skills of the special skills of the clinical skills of the special skills of the clinical skills of the c	a separate sheet of paper quivalent. aboratory instruction lab setting hance evaluation /con	er.)	Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program of 20 hours.  3. Your program's faculty to student rativalidation.  5. Each student's performance was document.	program: (Explain had a high school had a high school hours and o did not exceed o did not exceed umented using the	In Wo'responses on a coldiploma or the edd 4 hours clinical/li  1:8 in the clinical / i  1:1 in skill performed the special skills of the clinical skills of the special skills of the clinical skills of the special skills of the clinical skills of the c	a separate sheet of paper quivalent. aboratory instruction lab setting hance evaluation /con	er.)	Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program of 20 hours.  3. Your program's faculty to student rati validation.  5. Each student's performance was document for the student fact of 20 hours.	program: (Explain had a high school had a high school hours and o did not exceed o did not exceed umented using the	In Wo'responses on a cold diploma or the edd 4 hours clinical/li  1:8 in the clinical / i:1 in skill perform  e SD clinical skills of form.	a separate sheet of paper quivalent. aboratory instruction lab setting hance evaluation /con	er.)	Yes		
Complete evaluation of the curriculum / Standard  Each person enrolled in your program  Your program was no less than 16 class of 20 hours.  Your program's faculty to student rativalidation.  Each student's performance was document in the student in the student in the student in the student's performance was document.  Faculty Signature:	program: (Explain had a high schoolssroom hours and o did not exceed o did not exceed umented using the led Student Log(s	ol diploma or the ed 4 hours clinical/li 1:8 in the clinical / 1:1 in skill perform e SD clinical skills of form.  Date:	a separate sheet of paper quivalent. aboratory instruction lab setting hance evaluation /con	er.)	Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program  2. Your program was no less than 16 class of 20 hours.  3. Your program's faculty to student rativalidation.  5. Each student's performance was document to the student rativalidation.  6. You maintain records using the Enroll  6. Faculty Signature:	program: (Explain had a high schoolssroom hours and o did not exceed o did not exceed umented using the led Student Log(s	ol diploma or the ed 4 hours clinical/li 1:8 in the clinical / 1:1 in skill perform e SD clinical skills of form.  Date:	a separate sheet of paper quivalent. aboratory instruction lab setting hance evaluation /con	er.)	Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program 2. Your program was no less than 16 class of 20 hours.  3. Your program's faculty to student rativalidation.  5. Each student's performance was document and the student in	program: (Explain had a high school assroom hours and o did not exceed o did not exceed almented using the led Student Log(s) with Dakota Board (2/20/2	In Wo'responses on old liploma or the edd 4 hours clinical/lil.  1:8 in the clinical / lil. in skill performes SD clinical skills of form.  Date:  Ind of Nursing	a separate sheet of paper quivalent. aboratory instruction lab setting hance evaluation /con	er.)	Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program 2. Your program was no less than 16 class of 20 hours.  3. Your program's faculty to student rativalidation.  5. Each student's performance was document and the student and the student and the student's performance was document. You maintain records using the Enroll and the student and the s	program: (Explain had a high schoolssroom hours and o did not exceed o did not exceed umented using the ded Student Log(s)  Interpolation of the ded Student Log	In Wo'responses on a cold diploma or the edd 4 hours clinical/li  1:8 in the clinical / li  1:1 in skill perform  e SD clinical skills of form.  Date:  The property of Nursing  Date Notice S	a separate sheet of paper quivalent. aboratory instruction lab setting hance evaluation /con hecklist form.	er.)	Yes		
Complete evaluation of the curriculum / Standard  1. Each person enrolled in your program 2. Your program was no less than 16 class of 20 hours.  3. Your program's faculty to student rativalidation.  5. Each student's performance was document factivalidation.  6. You maintain records using the Enroll is section to be completed by the South Pate Application Received:  Date Application Approved:  Date Application Date of Approval:	program: (Explain had a high school assroom hours and o did not exceed o did not exceed almented using the led Student Log(s) with Dakota Board (2/20/2	In Wo'responses on a cold diploma or the edd 4 hours clinical/li  1:8 in the clinical / li  1:1 in skill perform  e SD clinical skills of form.  Date:  The property of Nursing  Date Notice S	a separate sheet of paper quivalent, aboratory instruction lab setting hance evaluation /con hecklist form.	er.)	Yes		